Accessing Abortion in NYC

A Guide for Medical Students, by Medical Students

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Author's Note

As medical students in NYC, we were outraged and devastated by the Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision, which overturned *Roe v. Wade*. We have channeled these emotions into action — and created this guide to help ensure access to abortion in New York.

Our goal is to equip medical students with comprehensive, accurate information on the clinical, legal, and social aspects of providing and accessing abortion care to support themselves, their loved ones, and their future patients.

Editorial note: We aim to be as inclusive as possible. Given that people of all gender identities can become pregnant, we use the terms *pregnant people, birthing people, patients*, and *individuals*. However, we do use women in some cases — either to cite research that specifically discusses cis women or to acknowledge historical events and discrimination against cis women. We also avoid discussing abortions as *elective vs. non-elective*, because external parties should not judge or assign varying degrees of validity to reasons for having an abortion. If you think the language in this booklet could be more inclusive, please contact Sarah McNeilly (sarah.mcneilly@einsteinmed.edu) or Catherine Stratis (catherine.stratis@icahn.mssm.edu).

Intro to Abortion

What is an abortion?

An abortion is a medical intervention that ends a pregnancy before a patient delivers vaginally or via C-section. It can be done using medication or a procedure.

How common are abortions?

- In the US:
  - Approximately one in four (24%) women will have an abortion by age 45, based on the 2014 abortion rate
  - 18% of people who were pregnant ended their pregnancy with an abortion in 2017
  - Approximately 862,320 abortions were performed in 2017, with the abortion rate declining significantly since the 1980s
- Around the World:
  - About 73 million induced abortions take place worldwide each year
  - 3 out of 10 (29%) of all pregnancies end in induced abortion

What are the indications and contraindications for an abortion?

Abortion is a personal decision. Various factors contribute to the decision to have an abortion, including health, family planning goals, finances, and social support. In cases of life-threatening complications, including placental abruption, placenta previa, preeclampsia, and eclampsia, abortion is required to save the pregnant person's life. Abortion is very safe. There are few true contraindications for abortion, and complications from both the medication and the procedure at all applicable gestational ages are rare. Abortion at all gestational ages is 14 times safer than birth.

Why is legal abortion access important?

*"**Unsafe abortion** is a leading – but preventable – cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities, and health systems." —WHO*

Incorrectly performed procedural abortions are associated with health risks, including:

- Incomplete abortions (failure to remove all pregnancy tissue from the uterus)
- Hemorrhage (heavy bleeding)
- Infection
- Uterine perforation
- Damage to the genital tract or internal organs as a result of inserting dangerous objects into the vagina or anus

It is important to remember that while procedural and medication abortions each come with distinct risks, both options are incredibly safe.

Abortion Among Marginalized Populations

What are marginalized populations?

Marginalization is the process of centering the dominant group and pushing others to the margins. It occurs due to the inequitable concentration of power, money, and resources by White people and other dominant groups.

In the U.S., multiple groups have been marginalized, historically as well as presently. A few examples include:

- Women
- People of color
- Indigenous people
- Undocumented immigrants
- LGBTQ+ people
- People with disabilities
- People who are incarcerated

Remember: *one individual person can belong to multiple marginalized groups.*

How has the field of reproductive healthcare exploited and marginalized patients?

White supremacy, patriarchy, and heteronormativity have shaped all aspects of society — including reproductive healthcare. The field of obstetrics is directly informed by experimentation on enslaved women and both eugenics and mass incarceration of marginalized people persist to this day. For example:

- Between 1619-1865, enslaved African American women were subjected to innumerable non-consensual surgeries without anesthesia, including C-sections. Such unethical experimentation persisted into the 1900s and involved other marginalized groups including patients of color, patients with disabilities, patients experiencing incarceration, and recent immigrants.

- State-sanctioned sterilization programs across 31 states targeted Black and Indigenous people, poor White people, and people with disabilities, reaching a peak in the 1930s and 1940s. Such programs targeting incarcerated patients have persisted into the modern era. Reports out of California's prisons revealed that almost 1,400 sterilizations occurred between 1997 and 2013. As recently as 2020, non-consensual hysterectomies were performed on people in U.S. Immigration and Customs Enforcement facilities.

These examples highlight that the government, the healthcare system, and the medical profession have historically and presently dehumanized patients by denying them reproductive autonomy and access to quality healthcare. Thus, addressing the needs of marginalized populations now is urgent to rectify the harms perpetuated against these groups.

Abortion Among Marginalized Populations

What is reproductive justice?

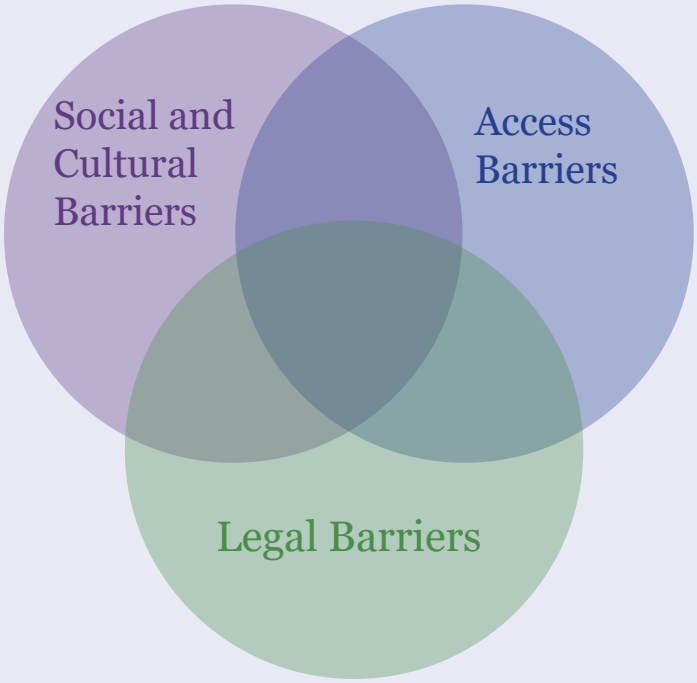
Reproductive justice /definition/ *"is a framework created by Black women to address the intersectional needs of birthing people. It describes "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities".*

What barriers to abortion do marginalized people face?

Even where abortion is legal, many people cannot access abortion care. Barriers include:

- **Access barriers:** Including difficulty affording medical treatment, obtaining insurance coverage for the procedure, navigating the healthcare system, securing an appointment, traveling to a clinic, or managing work and childcare commitments.
- **Social and cultural barriers:** Including experiencing prejudice, intimate partner violence and other forms of reproductive coercion, stigma, and mistrust of the healthcare system.
- **Legal barriers:** Including abortion bans and restrictive laws that require patients to obtain multiple referrals or parental consent, attend mandatory counseling, or undergo waiting periods.

Although these barriers can affect anyone, they disproportionately harm marginalized people — physically as well as psychosocially.



Abortion Among Marginalized Populations

How do these barriers impact different marginalized identities?

People of Color

> "*Centuries of racism have had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment.*" — CDC

Racism is prejudice or discrimination directed against someone based on their membership in a particular racial or ethnic group. Racism exists at the individual, interpersonal, institutional, and structural levels. Its manifestation in medicine and healthcare is known as *medical racism.*

Medical racism is extremely harmful: it damages the health and livelihoods of racial and ethnic minorities in many ways. It harms patients' access to, experiences with, and quality of healthcare; it limit patients' trust in the healthcare system; and it can cause profound physical health effects from weathering.

Black and Indigenous patients in particular experience significant disparities in abortion care and outcomes, mirroring other fundamental inequalities.

Indigenous women have a maternal mortality rate that is roughly 2X that of white women overall.

Black women are 3X more likely to die from a pregnancy-related cause than White women.

The fact that abortion care is inaccessible to many pregnant Indigenous people contributes to this trend. Pregnant Indigenous people whose health coverage is provided by the Indian Health Service are legally barred from using those funds to pay for their abortion, except in limited cases, due to the Hyde Amendment.

Similarly, their abortion-related mortality rate is also more than 2X that of white women — although deaths associated with legal induced abortion are still very, very rare.

Accessing an Abortion

Undocumented immigrants
A pregnant patient's immigration status can also make it more difficult to obtain a legal abortion. Undocumented patients face numerous barriers in accessing healthcare overall, including being ineligible for insurance, fearing deportation, speaking a different language than their provider, and severely limited access to healthcare due to ineligibility for health insurance. These difficulties may be heightened when seeking an abortion, given that pregnancy is often criminalized.

LGBTQ+ populations
Trans and gender non-conforming patients in particular face unique barriers in accessing abortion care. One in five transgender or gender non-conforming patients has been denied care or has not received proper treatment because of their gender identity, and transgender patients are more likely to delay necessary medical care due to discrimination. Despite this, misconceptions about the effect of testosterone on fertility and disproportionate rates of sexual assaut among transgender individuals may increase the need for abortion among these individuals.

Abortion restrictions also present a unique challenge for trans male and non-binary patients receving gender affirming hormone therapy. Since testosterone is contraindicated in pregnancy, forced pregnancy may lead not only to gender dysphoria and mental distress but also forced de-transition or criminalization of patients who continue hormone therapy.

People with disabilities
People with disabilities encounter various challenges in accessing medical care, including a lack of accessible transportation, facilities that are not built to accommodate the needs of people using mobility devices, insurance complications, and misconceptions about disabled patients. They may even be turned away when seeking an abortion because abortion providers feel uncomfortable performing the procedure on a person in a wheelchair.

Incarcerated people
Individuals who are currently incarcerated also face barriers to abortion access. In some states, prisons and jails expressly prohibit patients from accessing abortion while incarcerated. However, even when states allow abortion within prisons and jails, vague or non-existent policies, little oversight, and excess discretion given to administrators lead to unnecessary denials of abortion requests.

Frequently, pregnant people who are incarcerated must to cover the cost of their abortion and transportation to a clinic or hospital, which can be over $1,000 — a significant expense, especially since incarcerated people make on average $0.86 to $3.45 per day.

Anecdotal reports also highlight shackling, healthcare delays, and deprivation of emotional support and privacy that limit access to abortion.

Abortion Among Marginalized Populations

Incarcerated people (continued)
Barriers can persist after incarceration ends, as well. Formerly incarcerated people are prohibited from accessing insurance through the federal marketplace, and face discrimination within the healthcare system.

> *Overall, a 2008 report from the New York Civil Liberties Union estimated that only 23% of jails in New York State provide for unimpeded access to abortion.*

Remember: this overview is not exhaustive, and these identities are not exclusive. In fact, social categorizations like race, class, and gender can overlap to create interconnected disadvantages, in a process called intersectionality. Patients who hold more than one of the above identities will be the most vulnerable to adverse outcomes post-*Roe*. New abortion restrictions will compound the often severe barriers that impact marginalized people seeking healthcare, placing abortion even farther out of their reach.

Abortion's Legal Landscape

What does it mean that *Roe v. Wade* was overturned?

Roe v. Wade was the landmark 1973 Supreme Court decision that made abortion a constitutional right. This right was affirmed in 1992 by *Planned Parenthood of Southeastern Pa. v. Casey*. Both decisions were overturned in June 2022 by *Dobbs v. Jackson Women's Health Organization*. Now, abortion is no longer a constitutional right. Instead, states have the power to determine whether and when abortion is legal.

What abortion restrictions and bans exist now?

Without Roe, states can impose any degree of regulation on abortion — with some going as far as banning it completely with no exceptions. Some laws restrict who is eligible for abortion with gestational age limits. Others, like waiting periods, counseling and ultrasound requirements, and limitations on insurance coverage, make it more difficult for patients to access abortion care. Additional laws, like targeted regulation of abortion providers (TRAP) regulations aim to reduce the number of abortion providers.

Click here for the latest map of abortion restrictions and protections from the Guttmacher Institute

Abortion's Legal Landscape

Did You Know? *The Hyde Amendment prohibits federal funds from covering abortion services for people enrolled in Medicaid, Medicare and the Children's Health Insurance Program (CHIP) in 34 states and Washington D.C.*

Are there any federal protections for abortion now?

In the summer of 2022, President Biden signed an executive order to bolster protections of access to abortion, patient privacy, and patient, provider, and clinic safety. Importantly, the executive order calls attention to the Emergency Medical Treatment and Labor Act (EMTALA), which classifies abortion as a stabilizing treatment for pregnancy emergencies, like ectopic pregnancy and severe preeclampsia — even in states where the legality of providing an abortion to save a patient's life is unclear. Although some states have pushed back on this national mandate, it remains in effect.

What are my rights as a patient in New York?

Despite the loss of Roe, abortion remains protected in New York.
It has been legal statewide since 1970. In 2019, the Reproductive Health Act removed abortion from the state penal code and expanded protections for abortion providers.

New York has some of the strongest legal protections for abortion in the U.S.:

- Procedural abortion is legal up to 24 weeks since your last menstrual period (LMP), without restriction. However, it is only allowed after 24 weeks if the pregnant person's health or life is at risk, or if there is no chance that the fetus will be born alive. State law assigns a pregnant person's medical provider the responsibility of determining these two conditions.
- Public insurance (e.g. Medicaid) and private insurance plans cover abortion.
- Qualified healthcare professionals, not solely physicians, can provide abortions.
- Additional protections exist for patients and abortion clinic staff.

New York City is creating even stronger legal protections for abortion: the newly-proposed NYC Abortion Rights Act, protects and expands reproductive health services, requires the maintenance of language interpretation services to abortion providers, and broaden prohibitions on abortion restrictions.

Does this apply to patients traveling to New York from out-of-state?
If you are traveling from out-of-state to access abortion, New York state law permits and protects you to do so, regardless of the severity of abortion restrictions in your state of residence. If an individual or entity seeks to interfere with your plan to obtain an abortion in New York, you can legally sue them.

Abortion's Legal Landscape

What protections exist for abortion providers in New York?

Abortion providers in New York include physicians and advanced care practitioners like PAs, NPs, and midwives.

Given that providing abortions to patients traveling to New York from abortion-restricted states is legal, recent legislation now protects providers from out-of-state civil or criminal legal action, including extradition. It also shields providers from professional misconduct claims and from action by medical malpractice insurance providers related to abortion services.

What special legal considerations exist for minors?

If you are a minor seeking an abortion in New York State, you do not need consent from or notification of your parent or guardian. This applies to both New York residents and minors who are visiting from out of state.

> Did You Know?
> *New York Attorney General Letitia James reaffirmed the state's commitment to minors obtaining abortions without parental consent in an advisory released on June 24, 2022*

Furthermore, confidentiality laws prevent the release of your medical records relating to abortion or abortion inquiry to your parents, guardians, or others without your explicit permission. However, billing information may compromise confidentiality. For example, if you share a private insurance plan or address with your parents or guardians, insurance statements related to your abortion care may be sent to them. Patients may be able to provide alternative contact information or forms of payment to avoid parental disclosure.

What special legal considerations exist for persons who are incarcerated in New York?

According to New York City Board of Correction (NYC BOC) regulations, which governs NYC correctional facilities, incarcerated individuals are entitled to obtain an abortion "upon request."

New York State Department of Corrections and Community Supervision (DOCCS) has no written policies or standards for abortion access while incarcerated in New York State outside of NYC. Nonetheless, an independent report estimates that four to nine abortions per year are carried out in DOCCS. Post-*Roe*, it is expected that abortion access in New York prisons will be maintained in accordance with state law.

Regardless, barriers to abortion access remain for incarcerated people, as discussed within the Abortion Among Marginalized Populations section.

Abortion's Legal Landscape

What special legal considerations exist for undocumented people?

You are not required to disclose your documentation status to clinic staff or medical professionals. Many abortion providers, including Planned Parenthood of New York, do not report documentation status to government authorities.

Across the U.S., healthcare providers have no obligation to report immigration status, and the Health Insurance Portability and Accountability Act (HIPAA) generally protects patient privacy and prevents disclosure of sensitive information. Furthermore, ICE and Customs and Border Protection (CBP) both have Sensitive Locations Policies that generally keep them away from places like hospitals and healthcare facilities.

If you are undocumented and capable of becoming pregnant, consider making a plan in the event that you are confronted by ICE or CBP. The Planned Parenthood "Know Your Rights" Guide is a helpful place to start.

Local and national advocacy funds may help cover other expenses. For more information, check out the Accessing an Abortion section below.

What is the criminalization of pregnancy, and how can I resist it?

"*Criminalization of pregnancy is the punishing or penalizing of individuals for actions that are interpreted as harmful to their own pregnancies... Criminalization has taken many forms including, but not limited to, the passage of fetal assault laws, policies that punish or penalize pregnant people for substance use during pregnancy, and the practice of judicial intervention or legal attempts at coercion for refusal of care during pregnancy.*" — ACOG

Some healthcare providers unnecessarily report birthing people to police for suspected crimes or due to misunderstanding of mandatory reporter laws, contributing to the criminalization of pregnant patients. It is crucial for both patients and providers to be aware of this.

Physicians and physicians-in-training have an ethical obligation to act in the best interest of their patients. To that end, National Advocates for Pregnant Women has developed robust guidelines to help healthcare providers avoid criminalizing their patients.

Moreover, as patients, there are tangible ways to reduce your risk of criminalization when accessing abortion care.

Abortion's Legal Landscape

Navigating conversations with a doctor

You never have to discuss your plans to obtain a medication or procedural abortion.

If you conducted a medication abortion at home and need to seek medical care, **you are NOT required to self-disclose that you have taken a medication abortion pill.** The symptoms of an abortion and a miscarriage are the same, and there are no tests that can prove you had a medication abortion. Your healthcare provider should manage your pregnancy loss the same way, no matter what. For more specific information and advice, see the Medication Abortion section.

Understanding patient privacy

HIPAA protects your health information and privacy. It prevents healthcare providers from discussing your abortion with law enforcement without your consent. However, violations can still happen, even in New York. If you believe that your or someone else's health privacy rights have been violated, you can file a complaint online at the Office for Civil Rights complaint portal.

Protecting your privacy online

While no one should be prosecuted for accessing medical care, there have been cases in the U.S. of prosecution for obtaining an abortion based on Internet history — including searches, messages, and posts. This is uncommon but still important; for more information about legal protection in these circumstances, visit If/When/How.

These Internet safety tips can help protect you from self-incrimination:

- Avoid Google. Instead, use search engines like DuckDuckGo that don't collect your search history.
- Create a secondary phone number and email address to keep this data as separate as possible from your everyday life. You can get a secondary phone number for free through Google Voice. Protonmail and Tutanota are free email services that use end-to-end encryption; encryption means your information is converted to a code to prevent third parties from reading it.
- Encrypt your emails and text messages. If you're not already using a secondary email through Protonmail or Tutanota, you can encrypt your emails using Gmail, iMail, and Outlook (learn how to do so here). Learn how to download Signal, an app that encrypts your text messages, here.
- Whatever you do, do NOT send text messages or direct messages about your intent to obtain an abortion through Instagram, Facebook, Twitter, or other social media. Recently, Facebook complied with Nebraska police to arrest a teen for having a medication abortion. Create as much of your plan to get your abortion with trusted individuals in-person to avoid leaving a digital footprint.
- Use a virtual private network (VPN) to encrypt your Internet traffic on unsecured networks and protect your identity. Some free trustworthy VPNs you can use are Windscribe and ProtonVPN. Beware: just using Incognito Mode doesn't protect your digital privacy.

Abortion's Legal Landscape

Protecting your privacy online (continued)

- Turn off Location Sharing on your mobile devices. You can learn how to do this for iPhones and Androids here. Make sure this feature is turned off while traveling to obtain your abortion. (If someone is accompanying you en route to your abortion, make sure they do this too.)

- Use a mapping tool that prioritizes your privacy. Using Google Maps or doing a Google search sends a timestamp to Google, which can be used to map out your location history. Consider using one of these vetted alternatives.

- Disable ad tracking to prevent companies from identifying you based on the data collected from your apps. Here is a guide for doing this on iOS and Android devices. Also, opt out of personalized or targeted ads whenever possible.

- Delete all photos on your mobile devices related to abortion, and don't forget to delete the ones in your "Recently Deleted" folder!

- Finally, use a period-tracking app with strict privacy options! The best tracker to use is Flo, which gives you more control over your privacy than other period-tracking apps that may share your sensitive information with Facebook and Google. Better yet, delete your period tracking app altogether.

Make a checklist of steps and follow it carefully each time you use the Internet to prevent law enforcement from using your data against you.

What should I do if I need legal help?
If/When/How offers a Repro Legal Helpline to assist patients who need help. Visit their website or call 844-868-2812 to leave a secure, detailed message.

Comparing Procedural and Medication Abortion

Medication vs. Procedural Abortion

There are two abortion methods:

1) Medication abortion: uses pills to end a pregnancy. The drugs used are also known as “abortion pills.”

2) Procedural abortion: a trained clinician empties the uterus through the cervix to end a pregnancy. These procedures are sometimes called “surgical abortions” — however, that term is not medically accurate because the abortion procedure is not a surgery.

How do I choose between a medication and procedural abortion?

Much of your decision will come down to personal preference. However, it is important to know that in New York State, medication abortions are only available up to 11 weeks after the start of your last menstrual period. If your last menstrual period was more than 11 weeks ago, you would be advised to have a procedural abortion.

Abortion Timeline

Comparing Procedural and Medication Abortion

How do I choose between a medication and procedural abortion?

The table below highlights some considerations around both types of abortions. Please remember that ***this is not medical advice***: we encourage you to discuss your options with your doctor.

	Medication Abortion	Procedural Abortion
Timing from start of last menstrual period (LMP)	In NYS, medication abortions are available up to 11 weeks after the start of your last menstrual period (LMP).	Available up to 24 weeks after LMP This is your only abortion option if the start of your last menstrual period was over 11 weeks ago.
In-person vs. telehealth	May be accessed completely over telehealth. Medications may be shipped to you.	Requires at least one in-person clinic visit
Duration	Process may take 24-48 hours	Most procedures can be completed in 10-15 minutes, plus prep and recovery time. Some cases may require two visits.
Success rate	>96%, depending on gestational age and which medications are used	~98%
Follow up	Follow-up appointment may be recommended to confirm success.	May not need to follow up. Antibiotics may be prescribed to prevent infection.
What to expect	Cramping, fatigue, and bleeding	Cramping and bleeding
Major complications*	VERY RARE Approximately 31 in 1,000 people who have medication abortions experience major complications.	VERY RARE Approximately 16 in 1,000 people who have procedural abortions at 12-14 weeks of pregnancy experience major complications; 41 in 1,000 people who have procedural abortions at 14 weeks or later in pregnancy of experience major complications.

*Major complications defined as hospitalization, surgery, or need for blood transfusion

Procedural Abortion

What are the types of procedural abortions?

Procedural abortions end a pregnancy using instruments and/or suction. The type of procedure used will usually depend on the timing since your last menstrual period and available clinic resources. There are three types of procedural abortions:

1) Manual Vacuum Aspiration (MVA)
2) Electric vacuum aspiration (EVA)†
3) Dilation and Evacuation (D&E)

†Some sources refer to EVA as "suction curettage," but this term is inaccurate because there should not be any curettage, or scraping, in the procedure.

Summary Table of Procedural Abortions

Type of Abortion	Manual Vacuum Aspiration (MVA)	Electric Vacuum Aspiration (EVA)	Dilation and Evacuation (D&E)
When It Is Used	Usually from detection of pregnancy to up to 12 weeks after LMP	Usually until about 14-16 weeks after LMP	From 16 weeks and up to 24 weeks after LMP
How It Works	Hand-held vacuum tube is inserted through the cervix and into the uterus to remove the pregnancy	Electric suction device is is inserted through the cervix and into the uterus to remove the pregnancy	Medication is used several hours before the procedure to gently open your cervix, then an electric suction device is inserted through the cervix and into the uterus to remove the pregnancy
Effectiveness	>97%	>98%	>97%
Procedure Length	5-15 minutes	About 10 minutes	10-20 minutes
Anesthesia Used	Several types can be used, including local and general anesthesia, depending largely on patient preference. If a patient receives general anesthesia, they may have to wait longer (i.e. a few hours) before going home and may need someone to accompany them home. If they do not, they can usually go home right afterwards.		

Procedural Abortion

What should I expect from a manual vacuum aspiration (MVA) or electric vacuum aspiration (EVA) procedure?

MVA and EVA are both suction uterine aspiration procedures used around 12 weeks to 16 weeks after the start of your last menstrual period. You can have a uterine aspiration done in a clinic or an office. In a uterine aspiration:

- You undress from the waist down.
- The provider places a speculum into your vagina and then gives some numbing medicine around your cervix.
- Your cervix is opened gently to allow a small plastic straw, or cannula, to pass into the uterus.
- Suction is used to remove the pregnancy using a hand-held device (MVA) or an electric suction device (EVA).

If you receive moderate sedation, you will probably feel some cramping or strong contractions as your cervix is dilated and the aspiration happens. However, the procedure is typically very fast, lasting about five to fifteen minutes, and you'll most likely feel better by the time you leave the clinic.

What should I expect from a dilation and evacuation procedure (D&E)?

A D&E is usually used for abortions later than 16 weeks after the last menstrual period.

- Your cervix is dilated several hours or the evening prior to the procedure using small, dilator sticks placed in your cervical opening. These dilators, called laminaria, absorb fluid from your body and get bigger, which slowly stretches your cervix.
- A combination of medical tools and a suction device is used to gently take the pregnancy tissue out of your uterus.

The procedure usually takes between 10 and 20 minutes. Its physical effects are similar to those of MVA and EVA.

Will I need anesthesia?

The type of anesthesia depends on where you have the procedure and your preference. You may just take ibuprofen (Advil or Motrin) by mouth before the procedure and have numbing medication in your cervix. Or, you may have moderate sedation through an IV.

A few patients have deep sedation or general anesthesia where they are completely asleep. This level of sedation is rare, but it may be offered for your comfort or if you have medical reasons where you need to be fully sedated. If you undergo general anesthesia, you will need someone to accompany you home from the clinic, such as an escort, family member, or friend. For more information, refer to the Accessing An Abortion section.

Procedural Abortion

Are procedural abortions safe?

Procedural abortions are very safe.

To put it in context, abortion is safer than getting a dental procedure or cosmetic surgery, and much safer than childbirth. In the United States, a person is about 14 times more likely to die in childbirth than they are during an abortion.

Still, as with most medical procedures, there are some risks. Patients may experience temporary symptoms such as abdominal pain, cramping, and/or bleeding like your period. In rare cases, complications such as uterine or cervical perforation, pelvic infections, and excess bleeding may occur. However, these complications are very rare.

Importantly, abortion does not make future pregnancies riskier, except in the cases of rare, severe complications.

Where can I get a procedural abortion?

There are many clinics available where you can obtain an abortion procedure in NYC. Jump to Accessing an Abortion to learn more.

What about aftercare?

After an abortion procedure, you may have cramps and light bleeding for up to two weeks. Most people can return to normal activities one to two days after the procedure. Adequate rest and sleep will help your recovery process. In addition to physical recovery, it can be important to receive emotional support as well. For more information and resources, navigate to Accessing an Abortion.

It is important to seek prompt medical care if:

- You have severe vaginal bleeding or passing large clots (larger than a golf ball)
- You feel lightheaded or dizzy.
- You have chest pain or shortness of breath.
- You have swelling or pain in one leg.
- You have severe pain in the belly that isn't relieved by pain medicine, rest, or heat
- You have continued pain or pregnancy symptoms beyond 2 weeks.
- You have signs of infection, including fever that does not go away, vaginal drainage with a foul odor, vaginal drainage that looks like pus, or pain or tenderness in your abdomen.

Medication Abortion

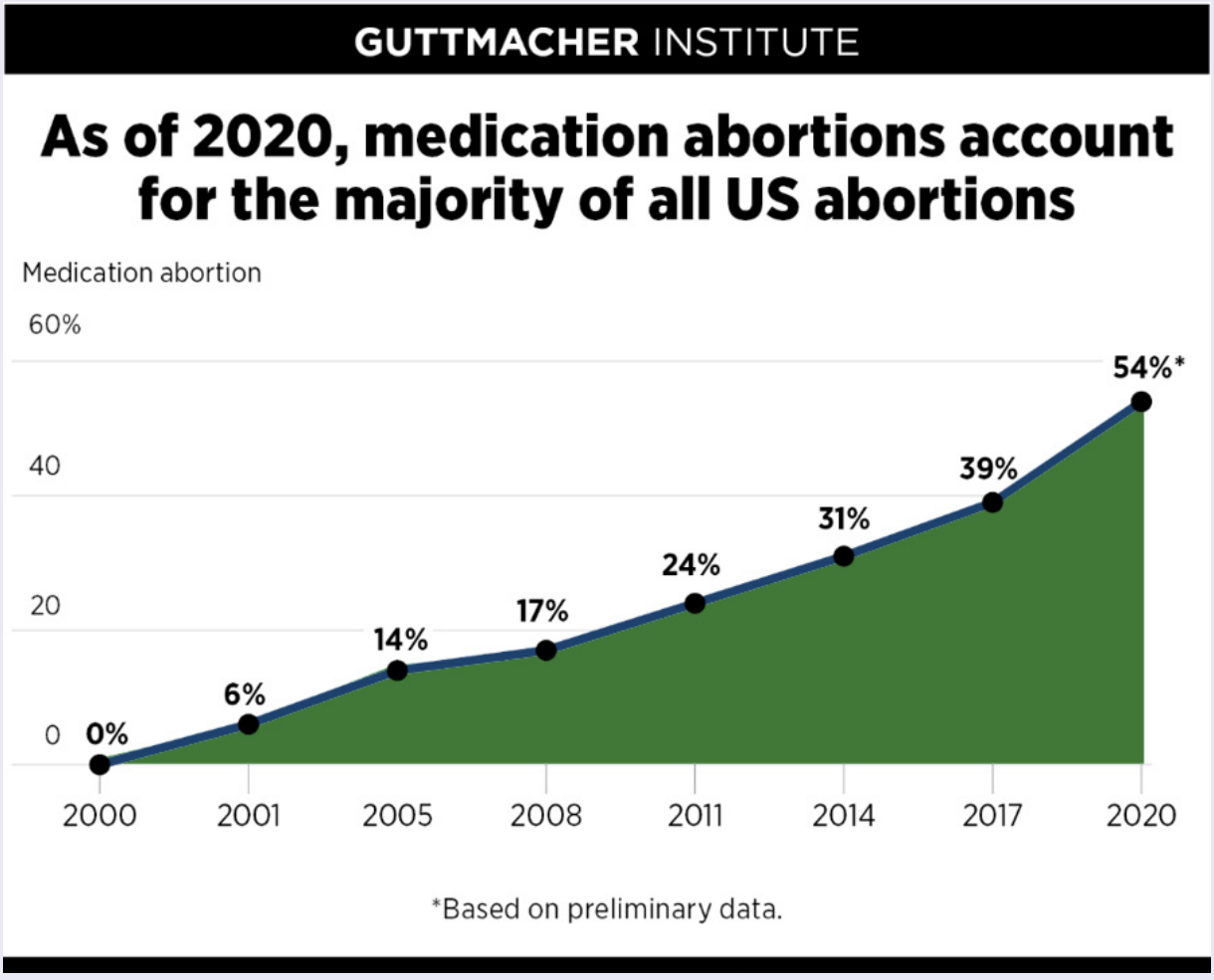
What is a medication abortion?

Medication abortion pills have been FDA approved since 2000 and are now used for more than half of all abortions. In 2021, the FDA permanently approved access to medication abortion by mail.

Is medication abortion the same thing as emergency contraception?

Medication abortion is NOT the same thing as the emergency contraceptive pill, also known as the "morning after pill" or Plan B.

- Medication abortion is a combination of mifepristone and misoprostol. It is used to **end** a pregnancy.
- Emergency contraception is levonorgestrel (Plan B) or ulipristal acetate (ella). It **prevents** pregnancy after sex by delaying ovulation, the release of the egg from the ovary. If taken within 3 days after sex, it lowers the chance of pregnancy by 75-89%. It is available for about $50 without a prescription, or lower cost with a prescription and insurance, at pharmacies, and at some health centers.



Medication Abortion Percentages Over Time

Medication Abortion

Who can get a medication abortion?

The FDA has approved the use of medication abortion up to 10 weeks (70 days) since the start of your last menstrual period. However, some clinics have extended its use up to 12 weeks (84 days) based on data demonstrating its continued effectiveness.

Remember: if you are confused about your eligibility, talk to an abortion provider about your options

Timeline for Medication Abortion

Week 1	**1**	2	3	4	5	6	7	**Month 1**
Week 2	8	9	10	11	12	13	14	
Week 3	15	16	17	18	19	20	21	
Week 4	22	23	24	25	26	27	28	
Week 5	1	2	3	4	5	6	7	**Month 2**
Week 6	8	9	10	11	12	13	14	
Week 7	15	16	17	18	19	20	21	
Week 8	22	23	24	25	26	27	28	
Week 9	1	2	3	4	5	6	7	**Month 3**
Week 10	8	9	10	11	12	13	**14**	
Week 11	**15**	**16**	**17**	**18**	**19**	**20**	**21**	
Week 12	22	23	24	25	26	27	28	

Day 1: Start of Approved Use Period
Day 70-77 / Week 10-11: End of Approved Use Period

Medication Abortion

Who can get a medication abortion?

There may be special considerations for people with certain medical conditions. Other considerations to be aware of include:

- Patients with IUDs may be advised to remove the device before taking medication abortion pills.
- Patients who are breastfeeding may be advised to wait 4 hours after taking the pills before breastfeeding to avoid causing the baby diarrhea.

Are there different types of medication abortion? What medications are used?

The two pills most commonly used for medication abortions are mifepristone and misoprostol.

- Mifepristone and misoprostol are commonly prescribed together, since they work together to stop the pregnancy from growing, and to help the uterus have contractions to complete the abortion.
- Misoprostol can also be used alone for a medication abortion. It is less expensive but may be less effective than using the two medications together.
- These drugs are also used to help complete a miscarriage.

How do the medications work to end a pregnancy?

Drug	Effect	Doseage
Mifepristone (Mifeprex)	Mifepristone is a steroid that blocks the progesterone receptor. Without progesterone, a main hormone in maintaining a pregnancy, the lining of the uterus breaks down and the pregnancy cannot continue. Mifepristone also makes the uterine and cervical muscles more sensitive to the cervical softening effect of misoprostol.	A single 200 mg oral pill
Misoprostol (Cytotec)	Misoprostol is a synthetic mimic of prostaglandin E1. The drug binds to smooth muscle cells in the uterus and promotes contractions and cervical opening.	Four 200 mcg pills Can be taken sublingually, buccally (in your cheek), or vaginally

Medication Abortion

What should I expect before, during, and after my medication abortion?

Before

You should eat lightly (e.g., crackers, toast) to help with any nausea and drink plenty of water. You may want to take misoprostol in a private area where you can lie down, as bleeding and cramping are expected. Some people also find it helpful to have someone with them for support, while others prefer to do it on their own; both options are very safe.

Remember: even though medication abortion is very safe, it is important to make a support plan in case you end up needing additional medical care.

During

In the US, some people swallow mifepristone in the clinic while others take it to use at home or to another preferred place. Everyone uses misoprostol outside of the clinic.

How to take the combination mifepristone & misoprostol abortion pills

Consists of:	One 200 mg mifepristone, eight 200 mcg pills of misoprostol
Step 1:	Swallow 200 mg mifepristone
Step 2:	Wait 24-48 hours. Then, place four 200 mcg misoprostol pills (total dose is 800 mcg) under your tongue or in your cheek pouches (with two pills on either side of your mouth) for 30 minutes. You shouldn't speak or eat for the duration of the 30 minutes. Any remnants may be swallowed with water or other liquid. Misoprostol can also be taken vaginally. If you are taking misoprostol vaginally, all four pills should be placed inside the vagina. You can take a pain medication like ibuprofen (Advil, Motrin) at this time, or even 1 hour before, as the cramping will start soon.
Step 3:	Most people begin bleeding and cramping within 4 hours of using the four misoprostol pills. A second dose of misoprostol may be recommended if you have not started bleeding after 4 hours (many people can wait longer especially if under 8 weeks pregnant). If you are more than 8–9 weeks pregnant, you may be advised to take a second dose at 4 hours even if you are bleeding.
Follow-up:	Most people do not need to see a provider for a follow-up visit. Check the policy of the clinic you received the medications from, but since the COVID-19 pandemic, most places do not require a follow-up visit. *Remember:* since it takes some time for the pregnancy hormones to leave your body, a pregnacy test will still be positive for a few weeks after your abortion. If you want to check, a home test may be performed 4–5 weeks after the abortion. If your medication abortion was incomplete, you may need to take an additional dose of mifepristome/misoprostol or undergo a procedural abortion.

Medication Abortion

How to take the misoprostol-only abortion pills

Consists of:	Twelve 200 mcg pills of misoprostol
Step 1:	Place four 200 mcg misoprostol pills (total dose is 800 mcg) under your tongue or in your cheek pouches (with two pills on either side of your mouth) for 30 minutes. You shouldn't speak or eat for the duration of the 30 minutes. Misoprostol can also be taken vaginally. If you are taking misoprostol vaginally, all four pills should be placed inside the vagina. Any remnants may be swallowed with water or other liquid. You can take a pain medication like ibuprofen (Advil, Motrin) at this time, or even 1 hour before, as the cramping will start soon.
Step 2:	Wait 3 hours before taking another four misoprostol pills (200 mcg) as above.
Step 3:	Wait another 3 hours. Then take another four misoprostol pills (200 mcg) as above. You should begin bleeding and cramping while taking the pills. Make sure to take all 12 pills even if you start to bleed before you've taken all of them.
Follow-up:	Same as follow-up for the combination regimen — see above.

After

Cramping and bleeding are the main side effects of misoprostol and can vary in severity from person to person. The cramping can be more severe than normal menstrual cramps, the bleeding may be heavier than your normal period, and you may pass clots in the first few hours after taking the pills. People with very early pregnancies may have minimal to no bleeding or cramping.

You may also experience fever, nausea and/or vomiting. You can request a prescription for anti-nausea medications if you are worried about nausea and vomiting. These symptoms should progressively decrease: most people feel better in less than a day, though it is normal for bleeding and spotting can last for up to two weeks. Over-the-counter (OTC) medications such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) can help relieve pain or reduce fever. A stick-on heat therapy patch, heating pad, or hot water bottle can also help manage cramps.

Medication Abortion

What should I expect before, during, and after my medication abortion?

After

It is important to seek prompt medical care if you have:

- Heavy bleeding — you are soaking through 2 pads every hour for 2 hours
- Blood clots for 2 hours or more, or if the clots are larger than a lemon
- Signs that you are still pregnant
- Bad pain in your stomach or back
- A fever over 100.4°F (38°C)
- Vomiting or diarrhea for more than 24 hours after taking the pills
- Bad smelling vaginal discharge

Is medication abortion safe?

Medication abortion is very effective at ending pregnancy and very safe.

- Over 96% of patients who undergo a medication abortion with both mifepristone and misoprostol have a successful abortion.
- About 87% have a successful abortion if only misoprostol is used. This number can vary depending on the stage of pregnancy, dosing of misoprostol, and route of administration.

Remember: Because a "successful" abortion is one in which the uterus is completely emptied, an "unsuccessful" abortion is not necessarily unsafe. In the rare event that a medication abortion does not completely empty the uterus, a procedural abortion may be necessary, though a second round of mifepristone/misoprostol is often successful.

Serious complications — events that require hospital admission, surgery, blood transfusion, emergency department treatment, or death — occur in less than 0.5% of patients, regardless of whether the medication is provided in person or by telemedicine.

Medication Abortion

How can I make a support plan?

Even though medication abortions are very safe, it is important to make a support plan prior to taking the pills. Your support plan will not only help safeguard your health, but also help you avoid stress and criminalization — especially if you are outside of New York. While no one should be prosecuted for providing their own medical care, there have been rare cases (61 between 2000 and 2020) in the U.S. where people have been criminally investigated or arrested for allegedly self-managing their own abortions or helping someone else do so. People living in poverty and people of color are disproportionately represented when compared to the larger population in these cases. While this is uncommon, for more information about legal protection in these circumstances, visit If/When/How.

Considerations for your medication abortion support plan:

- It may be helpful to have the contact information on hand of the provider of your abortion medication in case they need to be reached.
- If you need support with self-managing your medication abortion, call or text the Miscarriage + Abortion (M+A) Hotline (1-833-246-2632).
- When taking your abortion pills, you can put them in your cheek or under your tongue instead of in your vagina. This way, if you have to seek medical care for any reason, the pills will not be visible in your vagina.
- Remember that medication abortion causes the same process and symptoms as a miscarriage. There is no test to see if there is mifepristone in your system. If you do not want to share with your medical provider that you had a medication abortion, you can still describe your symptoms. For example: “I’m unsure what’s happening. I just started bleeding… it doesn’t feel like my normal period… I’m afraid something is wrong.”

Accessing an Abortion

In New York State, you can legally get an abortion for any reason up until 24 weeks of pregnancy. After 24 weeks, you may still get an abortion — but only if your health or the health of the pregnancy is at risk. However, not every abortion clinic provides treatment through the 24 week mark; some stop offering services before then.

Where can I get an abortion in New York?

If you need an abortion in New York State, you have many options. You can use the resources in this guide, or search reputable online resources like ineedana.com and abortionfinder.org. **Please note: this list does NOT represent medical advice and should not be considered an endorsement of any particular practice.**

Map of NYC

Accessing an Abortion

Planned Parenthood

Planned Parenthood provides abortion services across New York State, with clinics located in all five boroughs and throughout the surrounding metro area. They accept most private and public insurance plans — and if you don't have insurance, they can help you determine if you qualify for a state-funded insurance program, or provide you a lower fee scale. You must make an appointment to get an abortion at Planned Parenthood. They offer both in-person and telehealth visits, which you can schedule online or by calling 1-800-230-PLAN.

In addition to abortion, Planned Parenthood provides other healthcare services, including:

- Contraception, also called *birth control*, including both short and long-term options, typically by appointment only
- Emergency contraception, also called the *morning after pill*, on a walk-in basis for any patient in need, regardless of patient age
- Pregnancy testing — sometimes for free — and other pregnancy services, depending on the site

Independent Clinics

In the Bronx

- Bronx Abortion
- Dr. Emily Women's Health Center

In Brooklyn

- Brooklyn Abortion Clinic

In Manhattan

- Early Options
- Eastside Gynecology
- Parkmed Physicians NYC

In Queens

- All Women's Medical Clinic
- Choices Medical Center
- Roosevelt Women's Medical Care

In Staten Island

- *No independent clinics (however, there is a Planned Parenthood)*

Hospital-Affiliated Providers

Providers associated with health systems in the city also offer abortion care. You can contact your regular Ob-Gyn or primary care physician for a referral.

Or, you can visit NYC Health & Hospitals for medication abortion up to 12 weeks and procedural abortion up to 24 weels. If you do not qualify or cannot afford health insurance, NYC Health & Hospitals provides its own healthcare access program, NYC Care, to guarantee that anyone can access care through the city's hospitals regardless of their ability to pay. You can call 1-844-NYC-4NYC to make an appointment.

Online Providers

Plan C is an online resource that lists medication abortion resources in each state, including New York. Visit their website for a list of telehealth services and online pharmacies available near you.

Accessing an Abortion

What clinics should I avoid?

Finding a trusted, verified abortion service provider remains essential in New York, where anti-abortion centers — also called crisis pregnancy centers — still outnumber abortion clinics. These facilities seek to coerce patients into continuing pregnancy, often by making medically inaccurate claims, attempting to shame patients, or promising them support and resources that rarely materialize.

Remember: Any trustworthy abortion provider should provide you with unbiased, accurate counsel on all of the options available to you during pregnancy. Do not trust any provider who pressures you toward a particular option. It is your choice.

Protruthny.org can help you distinguish trustworthy abortion providers from anti-abortion centers. **Some pregnancy crisis centers you should avoid are: Avail NYC, Expectant Mother Care, and Pregnancy Help.**

What can I expect at the clinic?

Before your appointment, your clinic will provide instructions. These instructions will often include what paperwork to bring, what to eat and drink (or not eat and drink) beforehand, and what lab tests and exams to expect. Some general guidelines can be found here.

You should arrive on time to your appointment, because clinics in New York — and across the U.S. — can be very busy. This is especially true if you're going for a walk-in appointment: try to arrive right when the clinic opens.

Be aware that protestors may be present at the clinic when you arrive. They may try to engage with you and influence your decision. However, the clinic staff, including your doctors and nurses, are best positioned to provide you with reliable, unbiased information regarding your options.

Accessing an Abortion

How can I pay for my abortion? Are there any resources to help me?

Insurance coverage for the abortion procedure:

The cost of an abortion can vary based on what type of abortion service you get, how long you have been pregnant, and where your abortion is performed. In New York, the average out-of-pocket cost for an abortion without insurance can range from $249 to $1,100, with the average medication abortion costing $521 and the average procedural abortion costing $943 before insurance.

Thankfully, both private and public insurance coverage can help you pay for your abortion in New York. New York is one of only seven states that requires private insurance plans to cover abortion. If you have private insurance coverage — for example, through your employer — your plan is legally required to cover your abortion without a deductible or a co-pay. **This means that you won't pay anything out-of-pocket for your appointment.**

Medicaid also covers abortion for low-income people in New York. Normally, if you are a New York resident with legal immigration status, you qualify for Medicaid based on your income level. However, if you are pregnant, you can get emergency Medicaid coverage even if you are an undocumented or a temporary immigrant New Yorker — which will cover your abortion. If you are a pregnant adolescent under 21 years old, you can enroll separately from your parents.

Remember: These insurance policies only apply to New York residents. If you are coming to New York from out-of-state, your coverage may vary.

Deductible: *The amount you pay for covered healthcare services before your insurance plan starts to pay.*
Co-pay: *A fixed amount ($20, for example) you pay for a covered healthcare service after you've paid your deductible.*

Accessing an Abortion

What other resources exist to help me?

In addition to paying for the procedure, you may have other expenses. For example, both medication and procedural abortions may require you to take time off of work and/or school — for your appointment, your recovery, or both. You may need to pay for travel, lodging, childcare, or an abortion doula. Regardless of if you are living in or traveling to New York for an abortion, there are resources to help you.

Abortion funds directly pay for some or all of the costs of your abortion. You can get assistance from the New York Abortion Access Fund by calling 212-252-4757 and leaving a detailed message. Or, you can find other abortion funds through the National Network of Abortion Funds.

Practical support organizations do not pay for the procedure but exclusively cover your other expenses like travel, lodging, childcare, and abortion doulas.

- The Brigid Alliance: If you are traveling to New York, your clinic can refer you to The Brigid Alliance to help provide and pay for the logistical aspects of your abortion care.
- The Haven Coalition: If you are traveling to New York and need help with housing or food, or an escort to and from the clinic, The Haven Coalition can provide one through their extensive, vetted network of volunteers. They work with multiple clinics in New York City, including Planned Parenthood, Parkmed, and Choices.

Emotional support services provide patients a place to discuss their abortion options and experiences in an environment free of stigma, bias, and misinformation. Everyone is different – people may experience a variety of emotions, and every emotion is valid. Journaling to process your emotions may be helpful. How you process those emotions, whether that occurs over days or years, is an individual experience.

- **Talk lines, therapy, and community forums** can be helpful if you need nonjudgmental, caring help, as can hearing from other patients. There are many online and in-person resources for this type of support, listed below:
  - Exhale Pro-Voice: Offers a textline and virtual post-abortion support groups to connect patients who have had abortions, and their loved ones, with emotional support and informational resources
  - All Options: Offers secular and spiritual talkline options to patients seeking support and counseling around reproductive experiences including abortion, pregnancy, pregnancy loss, adoption, and infertility
  - Safe2Choose: Provides around-the-clock access to accurate, stigma-free counseling services
  - Connect & Breathe: Operates a supportive talkline that allows patients to discuss their abortion experiences, and encourages self-care
- **Abortion doulas** like Ancient Song provide emotional, physical, and informational support during and after an abortion

Supporting Abortion Access

There are many organizations working to ensure patients have access to safe, legal abortions in New York and nationwide.

How can I support abortion access in New York?

Many forms of volunteering exist in New York. Two organizations that broadly organize volunteer efforts locally are Planned Parenthood and the Abortion Access Front. Visit their websites to find a role that best fits your skills and interests:

- Planned Parenthood: Sign up with your name and zip code to be put in contact with your local Planned Parenthood clinic. Volunteers interface with Planned Parenthood to decide how and when they want to be involved.
- Abortion Access Front: Check out this page of community-based organizations compiled by Abortion Access Front, a team of creatives who infuse comedy into their pro-choice activism, to find a home for your unique talents in intersectional volunteer efforts to achieve reproductive justice.

Clinic Escorting

A great way to get involved in-person is to volunteer as a clinic escort. Clinic escorts interact directly with patients, helping to ensure they can safely enter and exit abortion facilities while avoiding harassment.

- Clinic Escorts for NYC: Volunteer to be an abortion escort at Bronx Abortion, an independent abortion provider that regularly faces anti-abortion protests, on Saturday mornings. There is especially a need for abortion escorts who speak Spanish.
- Women's Justice NOW: Through this volunteer-led program, serve as an abortion escort on Saturday mornings, as well as keep protesters at bay, at Choices Women's Medical Center in Jamaica, Queens.

Practical Support Services

Have more time to share? Volunteer with the Haven Coalition, a non-profit network of volunteers across NYC that host out-of-state patients traveling to NYC seeking abortions and provide them with a safe place to stay overnight, dinner, and transportation to and from their procedures. You can also volunteer to escort patients from clinics or hospitals to their homes across in the five boroughs via subway or bus.

Abortion Doula Training

If you have an interest in the medical field or have medical training, consider training to become an abortion doula. Abortion doulas provide informational, emotional, and physical support to patients before, during, and after an abortion.

Supporting Abortion Access

How can I support abortion access in other areas that need it?

Fundraising

As New Yorkers, one of the most effective ways to help patients and communities in need is through donations. There are many organizations you can donate to, so it is important to choose a cause that aligns with your goals. Here are some abortion funds and practical support organizations that would greatly benefit from your contributions.

- National Network of Abortion Funds: A national organization that works with 80+ abortion funds across the U.S. to remove financial and logistical barriers to abortion care and build organizing power

- Mariposa Fund: An Albuquerque-based organization that provides financial assistance to undocumented people seeking abortions and helps them to overcome various barriers they face

- Indigenous Women Rising: An abortion fund dedicated to supporting Indigenous people in the U.S. and Canada seeking abortions in the U.S.

- National Abortion Federation: A 501(c)(3) non-profit organization that offers both patient assistance funds to help patients obtain legal abortions, and provider security funds to protect abortion providers and facilities

- Keep Our Clinics: A campaign that helps fund independent clinics to cover expenses like increased security, building repairs, legal fees, and community education and advocacy

- New York Abortion Access Fund: A New York-based, all-volunteer 501(c)(3) non-profit organization that financially assists patients seeking abortions in the state of New York and New Yorkers seeking abortion care elsewhere

- The Brigid Alliance: A referral-based service headquartered in NYC that provides travel, food, lodging, child care, and logistical support for people seeking abortions in CO, DC, NJ, NM, and NY — especially patients beyond 15 weeks of pregnancy for whom it's generally more expensive and difficult to find a provider near home

Further Learning

As medical students, we represent only one thread in the patchwork of people who will be affected by legislative restrictions on abortion rights and access. To provide additional information on the complicated topics we discuss in this booklet, shed light on diverse abortion experiences, and help you navigate your own, we've compiled additional resources for you to peruse.

Abortion's Legal Landscape

Background

- The documentary Reversing Roe (2018) discusses how abortion became politicized and the decades-long political campaign to overturn Roe v. Wade
- The documentary Trapped (2016) focuses on how doctors at abortion clinics are fighting state TRAP (Targeted Regulation of Abortion Providers) laws

Legal and Ethical Fallout of Dobbs

- In the New Yorker (2022), Jia Tolentino's "We're Not Going Back to the Time Before Roe. We're Going Somewhere Worse" warns of the urgent threat of criminalizing pregnancy
- A Closing Arguments newsletter from The Marshall Project unpacks abortion's confusing legal landscape and enforcement patterns post-Roe
- Spring 2022, New York Magazine dedicated a full issue, This Magazine Can Help You Get An Abortion, to helping people navigate state-level abortion restrictions
- NPR (2022) offers an 8-min listen on the ethical issues that legal restrictions on abortion are creating for doctors

Abortion among Marginalized Populations

Racial and Ethnic Minorities

- SisterSong provides a brief history of Reproductive Justice and an intersectional framework to understand the reproductive healthcare needs of marginalized patients. Loretta Ross, cofounder of SisterSong, provides additional detail in her book, Reproductive Justice (2017)
- The books Killing the Black Body and Medical Aparthied explore the dark history of exploitation and experimentation that Black people have experienced throughout American history
- How Many Black, Brown, and Indigenous People Have to Die Giving Birth? (2020) is an open letter that calls for systemic action to advance birth and reproductive justice

LGBTQ+ People

- In There's No Trans Healthcare Without Reproductive Rights (Them, 2022), Quispe López discusses the interconnected struggles for trans healthcare and reproductive rights
- The National LGBTQ Task Force has developed numerous resources, including a mini-toolkit on Queering Reproductive Justice (2019)

People Experiencing Incarceration

- If/When/How Issue Brief: Reproductive Justice in the Prison System (2017) describes laws and barriers that harm the reproductive health and rights of incarcerated people

Further Learning

Abortion among Marginalized Populations

Undocumented Immigrants

- The Long, Disgraceful History of American Attacks on Brown and Black Women's Reproductive Systems by Natasha Lennard (The Intercept, 2020) places recent accusations of reproductive violence in ICE facilities into a broader historical context
- In The Policing of Pregnancy and Homeland Security are Intimately Enmeshed (The Washington Post, 2022), Natalie Fixmer-Oraiz connects pregnancy criminalization and immigration enforcement
- The ACLU's Reproductive Abuse is Rampant in the Immigration Detention System (2020) examines the many forms of reproductive violence that detained immigrants face

People with Disabilities

- In Losing Abortion Access Is a Disaster for People with Disabilities (Them, 2022), Chloé Toscano warns of how abortion restrictions will harm people with disabilities
- How the Pro-Choice Movement Excludes People With Disabilities by Lenzi Sheible in Rewire (2014) advocates for greater inclusion of disability rights in the feminist agenda
- Leave My Disability Out of Your Anti-Abortion Propaganda, by Kendall Ciesemier in The New York Times (2022) affirms that limiting abortion access is not protecting disabled lives, but endangering them

Patient Stories

- The recent articles, 39 Abortion Stories Show Just How Important Abortion Access Is (Teen Vogue, 2022) and The Abortion Stories We Don't Hear (The New York Times, 2022) shed light on abortion stories that fall outside the traditional narrative
- Rebecca Traister's The Abortion Stories We Didn't Tell (The Cut, 2022) explains the importance of abortion storytelling — and the campaigns Abortion Out Loud and Shout Your Abortion share patient stories and encourage you to share yours
- The podcasts My Abortion, My Life: The Podcast and The Abortion Diary capture countless patient and provider perspectives on abortions to help normalize and de-stigmatize a range of abortion experiences

Provider and Advocate Perspectives

- The documentary The Janes (2022) tells the story of an underground network of activists who helped pregnant people access abortions in the pre-Roe v. Wade era
- In the episodes Girls Gotta Eat: Talking About Abortion with Dr. Meera Shah (starting at 33:18) and Black Feminist Rants: Providing Abortions is Community Care with Dr. Jamila Perritt, podcast hosts interview physician-advocates on the links between their work and other social justice movements and their driving forces for providing abortion care
- In The Unapologetic Abortion Storyteller (The Huffington Post, 2021), Alanna Vagianos interviews reproductive justice activist and founder of We Testify Renee Bracey Sherman about the racism, misogyny, and hypocrisy of the anti-abortion lobby

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